

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for DME Codes E0236 and E0249.
- b. The request was received on April 4, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. HCFA's
 - c. Audit summaries/EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Requestor did not submit any additional information. The MR-116 letter was faxed to the requestor on May 21, 2002. Per the fax confirmation sheet the transmission results were listed as OK. The respondent did respond to the initial request for dispute.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor's representative, ___, states in the correspondence dated April 24, 2002 that... "Enclosed is a copy of the Medical Dispute Resolution. Please process accordingly. If you have any questions, please give me a call..."
2. Respondent: No position statement included in the response to the initial request for dispute.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is August 22, 2001.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
08/22/01	E0751	\$24,500.00	\$6,389.40	M	DOP – \$7,245.01 (Amount in this column reflects what the provider has listed as the amount in dispute)	MFG, GI, (III)(A) Rule 413.011(d) & (g)	Requestor has not provided any documentation to support the services were performed as billed; also, the requestor did not submit EOB's from other insurance carriers supporting additional reimbursement; therefore, reimbursement is not recommended.
Totals		\$24,500.00	\$6,389.40				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 29th day of January 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf